Bani Hashim Society
BAB-UL-ILM

APPLICATION FOR GRAVEYARD

Name: _____ _____ _____
(Last) (First) (Middle)

Home Address: _____ _____

City: _____ Province: _____ Postal Code: _____ _____

Phones: _____ / _____ / _____
(Home) (Business) (Cellular)

Email Address: _____

Name of Spouse: _____ Contact #: _____

Emergency Contact:

Name: _____ _____ Phone #: _____
(Last) (First)

Signature of Applicant: _____ Date: _____

Total Cost: $ 1,500.00 (including GST)

Please make cheque payable to: **Bani Hashim Society**

Payment mode :

1. Cheque for the amount of C$ 1,500.00 (one thousand five hundred) **OR**
2. 12 Post-dated cheque of $ 125.00 each

Office Use Only: ***Reference #***

Date Received: _____ Received By: _____
Payment Record:

Lot #: _____ Date lot used: _____